

## GLOBAL DETERIORATION SCALE (GDS)

(Choose the most appropriate global stage based upon cognition and function, and CHECK ONLY ONE.)

1. **No subjective complaints of memory deficit.** No memory deficit evident on clinical interview.
2. **Subjective complaints of memory deficit**, most frequently in following areas:
  - (a) forgetting where one has placed familiar objects;
  - (b) forgetting names one formerly knew well.

No objective evidence of memory deficit on clinical interview.  
No objective deficit in employment or social situations.  
Appropriate concern with respect to symptomatology.
3. **Earliest clear-cut deficits.**

Manifestations in more than one of the following areas:

  - (a) patient may have gotten lost when traveling to an unfamiliar location.
  - (b) co-workers become aware of patient's relatively poor performance.
  - (c) word and/or name finding deficit become evident to intimates.
  - (d) patient may read a passage or book and retain relatively little material.
  - (e) patient may demonstrate decreased facility remembering names upon introduction to new people.
  - (f) patient may have lost or misplaced an object of value.
  - (g) concentration deficit may be evident on clinical testing.

Objective evidence of memory deficit obtained **only with an intensive interview**.  
Decreased performance in demanding employment and social settings.  
Denial begins to become manifest in patient.  
Mild to moderate anxiety frequently accompanies symptoms.
4. **Clear-cut deficit on careful clinical interview.**

Deficit manifest in following areas:

  - (a) decreased knowledge of current and recent events.
  - (b) may exhibit some deficit in memory of one's personal history.
  - (c) concentration deficit elicited on serial subtractions.
  - (d) decreased ability to travel, **handle finances**, etc.

Frequently no deficit in following areas:

  - (a) orientation to time and place.
  - (b) recognition of familiar persons and faces.
  - (c) ability to travel to familiar locations.

**Inability to perform complex tasks.**  
Denial is dominant defense mechanism.  
Flattening of affect and withdrawal from challenging situations.

5. **Patient can no longer survive without some assistance.**

**Patient is unable during interview to recall a major relevant aspect of their current life, e.g.:**

- (a) their address or telephone number of many years.
- (b) the names of close members of their family (such as grandchildren).
- (c) the name of the high school or college from which they graduated.

Frequently some disorientation to time (date, day of the week, season, etc.) or to place.

An educated person may have difficulty counting back from 40 by 4s or from 20 by 2s.

Persons at this stage retain knowledge of many major facts regarding themselves and others. They invariably know their own names and generally know their spouse's and children's names.

They require no assistance with toileting or eating, but may have difficulty choosing the proper clothing to wear.

6. May occasionally forget the name of the spouse upon whom they are entirely dependent for survival.

Will be **largely unaware of all recent events and experiences in their lives.**

Retain some knowledge of their surroundings; the year, the season, etc.

May have difficulty counting by 1s from 10, both backward and sometimes forward.

**Will require some assistance with activities of daily living:**

- (a) may become incontinent.
- (b) will require travel assistance but occasionally will be able to travel to familiar locations.

Diurnal rhythm frequently disturbed.

Almost always recall their own name.

Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment.

Personality and emotional changes occur. These are quite variable and include:

- (a) delusional behavior, e.g., patients may accuse their spouse of being an imposter; may talk to imaginary figures in the environment, or to their own reflection in the mirror.
- (b) obsessive symptoms, e.g., person may continually repeat simple cleaning activities.
- (c) anxiety symptoms, agitation, and even previously non-existent violent behavior may occur.
- (d) cognitive abulia, e.g., loss of willpower because an individual cannot carry a thought long enough to determine a purposeful course of action.

7. **All verbal abilities are lost over the course of this stage.**

Early in this stage words and phrases are spoken but speech is very circumscribed.

Later there is no serviceable speech at all - only unintelligible utterances with rare emergence of seemingly forgotten words and phrases.

**Incontinent; requires assistance toileting and feeding.**

**Basic psychomotor skills (e.g. ability to walk) are lost with the progression of this stage.**

The brain appears to no longer be able to tell the body what to do.

Generalized rigidity and developmental neurologic reflexes are frequently present.

Reisberg, B., Ferris, S.H., de Leon, M.J., Crook, T., The global deterioration scale for assessment of primary degenerative dementia. *American Journal of Psychiatry*, 1982, 139:1136-1139.

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